

Tuesday,  
December 4, 2007

# HEPATITIS

## C From Silence to Solutions

CONFERENCE

**TUESDAY, DECEMBER 4, 2007**

The Inn at St. John's  
Plymouth, Michigan

**PRESENTED BY:**

American Liver Foundation – Michigan Chapter  
Michigan Department of Community Health

**WITH SUPPORT FROM:**

Abbott Diagnostics

Blue Cross and Blue Shield of Michigan

Diplomat Specialty Pharmacy

Gilead Sciences

GlaxoSmithKline

InterMune

An Independent Educational Grant from  
Roche Laboratories Inc.

**REGISTRATION INFORMATION:**

Early registration deadline is Friday, November 9, 2007

Space is limited – register early!

# HEPATITIS C From Silence to Solutions

## GENERAL INFORMATION

### *Conference Purpose*

The conference will focus on hepatitis C as a critical health issue facing Michigan and the nation. It is designed to increase awareness of this - all too often - “silent epidemic,” and to provide participants with the knowledge and skills needed to prevent new cases of disease and to ensure the best possible health outcomes for those already infected.

The conference agenda includes nationally known hepatitis experts, leaders from states that have made significant inroads in addressing hepatitis C, as well as individuals familiar with hepatitis C in Michigan.

## CONFERENCE AGENDA

*In addition to a keynote address and two additional plenary sessions, there will be three sets of six concurrent workshops. Workshops will be offered in the following tracks:*

- Hepatitis C Treatment – Clinical
- Hepatitis C Treatment – Working Effectively with Patients
- Co-Infection
- Substance Abuse/Injection Drug Use
- Special Populations
- Living with Hepatitis C

## AUDIENCE

*The conference is designed to meet the needs of individuals with a role to play in addressing hepatitis C, including:*

- Health care professionals, including physicians, physician assistants, nurse practitioners, and nurses
- Public health personnel
- Substance use disorder treatment/outreach staff
- Mental health treatment/outreach staff
- Individuals working in HIV/AIDS-related community-based agencies
- Persons working with the homeless
- Criminal justice personnel
- Hepatitis C advocates and those personally impacted by hepatitis C

## GOALS AND OBJECTIVES

*The following overarching goal has been established for this conference:*

- To provide participants with the knowledge and skills needed to prevent new cases of hepatitis C and to ensure the best possible health outcomes in those already infected.

*This goal is supported by the eight participant-focused outcome objectives delineated below. Participants will be able to:*

- Provide an overview of hepatitis C disease including disease epidemiology, the major modes of disease transmission, and the natural history of disease.
- Identify primary prevention strategies to reduce the number of new cases of hepatitis C in individuals at risk.
- Delineate secondary prevention strategies to identify individuals already infected with hepatitis C, reduce their risk of disease progression, and minimize the risk of transmission to others.
- Explain current options for the diagnosis and medical management/treatment of hepatitis C, as well as current research related to future treatment directions.
- Name and describe model programs, which have been implemented to effectively address hepatitis C at the primary prevention, secondary prevention, and medical management/treatment levels.
- Describe the complex interaction between hepatitis C and other blood-borne diseases, and identify strategies for integration of services at the primary prevention, secondary prevention, and medical management/treatment levels.
- Identify the unique needs of special populations impacted by hepatitis C including those who use/abuse substances, are living with mental illness, are homeless, and/or who have limited resources to pay for needed hepatitis C services.
- Describe the social, cultural, economic and political forces that pose challenges to effectively addressing hepatitis C and the need to advocate for actions that will address these challenges.

## Keynote/Plenary Speakers

**Brian R. Edlin, MD, FIDSA**, is an associate professor of Medicine and Public Health at the Weill Medical College of Cornell University and an epidemiologist for the Center for the Study of Hepatitis C. Established in 2000, at The Rockefeller University, Weill Medical College and NewYork-Presbyterian Hospital, the Center for the Study of Hepatitis C is a comprehensive, multidisciplinary center dedicated to the study of the hepatitis C virus and hepatic disease. Dr. Edlin's research focuses on the clinical epidemiology of hepatitis C, as well as on the epidemiology and prevention of viral hepatitis, HIV infection, overdose, and other health conditions affecting drug users. He is widely published with articles in such journals as the *New England Journal of Medicine*, the *American Journal of Public Health*, the *Journal of Urban Health*, and the *International Journal of Drug Policy*. He has also spoken at numerous national and international conferences.

**Ann A. Shindo, PhD, MPH, MSW, MS**, is the State Hepatitis C Coordinator/HIV Harm Reduction Integration Specialist for the Public Health Division of the Oregon Department of Human Services. In this capacity, her work has included both program and policy development related to statewide viral hepatitis and HIV integration within public health, corrections, education, and community-based organization infrastructures. She is also adjunct faculty in the Graduate School of Social Work and the Department of Sociology at Portland State University. In addition to her university teaching, she has extensive experience presenting in other settings including state and national conferences and providing comprehensive workshops and trainings on topics related to hepatitis C.

**Diana L. Sylvestre, MD**, is board certified in Internal Medicine and Addiction Medicine. She is an assistant clinical professor in the Department of Medicine at the University of California, San Francisco. She is also the founder and executive director for O.A.S.I.S. (Organization to Achieve Solutions in Substance Abuse), which provides hepatitis C treatment, as well as other medical, psychosocial, vocational, and educational services to medically marginalized former or current drug and alcohol users. She has been the principal investigator for numerous studies on hepatitis C treatment including treatment of those with a history of injection drug use. Dr. Sylvestre is widely published and has spoken both nationally and internationally on hepatitis C in the injection drug using population.

**Stephen K. Koester, PhD, MA**, is a professor of Health and Behavioral Sciences and Anthropology at the University of Colorado at Denver. One of his areas of research interest is substance abuse and blood-borne disease transmission, where he has used ethnographic and anthropologic methodology to study the relationship between injection drug use and transmission of HIV and HCV. He has received numerous research awards to conduct his work including grants from the Centers for Disease Control and Prevention, the National Institutes of Drug Abuse, and the Health Resources and Services Administration. The results of his work have been widely published in such journals as *AIDS and Behaviors*, the *Journal of Law, Medicine, and Ethics*, and *Substance Use and Misuse*. He has also presented both nationally and internationally on topics related to drug use and disease transmission.

# HEPATITIS

## C From Silence to Solutions

### CONFERENCE AGENDA

#### 8:00 A.M.

**Registration and Continental Breakfast with Exhibitors**

#### 8:30 A.M.

**Welcome and Opening Remarks**

*Gregory S. Holzman, MD, MPH, Chief Medical Executive, Michigan Department of Community Health*

#### 8:45 A.M.

**Keynote Address:  
Hepatitis C: The New Prevalence**

*Brian R. Edlin, MD, FIDSA, Associate Professor of Medicine and Public Health, Center for the Study of Hepatitis C, Weill Medical College of Cornell University*

The keynote will describe hepatitis C prevalence and the characteristics of the HCV-infected population in the United States as reported from the National Health and Nutrition Examination Survey (NHANES), explain the methodological limitations of this study, and estimate an expanded prevalence for HCV through consideration of populations routinely excluded from NHANES including incarcerated populations, homeless individuals, hospitalized persons, nursing home residents, and active duty military. It will close with a discussion of the impact of this expanded prevalence on: 1) the need for prevention programming to address hepatitis C, 2) disease morbidity and mortality for hepatitis C, and 3) hepatitis C-related health care costs.

#### 9:30 A.M.

**Plenary Session:  
Hepatitis C: Why the Silence?**

*Ann A. Shindo, PhD, MPH, MSW, MS, State Hepatitis C Coordinator/HIV Harm Reduction Integration Specialist, Public Health Division, Oregon Department of Human Services*

This presentation will explore how groups with high prevalence of hepatitis C, including injection drug users, incarcerated populations, mentally ill individuals, and the homeless, experience stigma and discrimination even without a hepatitis C diagnosis, and how the diagnosis of hepatitis C itself can result in stigma and discrimination. It will then describe how stigma can cause public apathy toward this disease and act as a barrier to: 1) the development and provision of a comprehensive continuum of services, 2) the ability of individuals with hepatitis C to access services, 3) the development and implementation of policies that support service provision, and 4) the allocation of resources. The presentation will finish with a delineation of strategies for effectively addressing stigma and discrimination.

#### 10:15 A.M. Break in Exhibit Area

#### 10:30 A.M.

**Concurrent Workshops Group 1**

**1A: Hepatitis C Treatment – Clinical Track  
Hepatitis C: The Role of the Primary Care Provider in Diagnosis and Referral**

*Kimberly A. Brown, MD, Chief, Division of Gastroenterology, Henry Ford Hospital*

Primary care providers have a critical role to play in the identification and diagnosis of hepatitis C. It is through early identification and diagnosis that the risk of disease progression and negative health outcomes can be minimized. In this workshop, participants will learn how to determine individual risk, appropriately administer screening and confirmatory tests for HCV infection, and accurately interpret test results. They will also gain an understanding of the current standard of treatment for hepatitis C and the diagnostic tests that can be used to guide treatment decisions. By the end of the session, participants will be able to effectively counsel patients about hepatitis C treatment options and to make appropriate referrals for management and treatment.

## **1B: Hepatitis C Treatment – Working Effectively with Patients Track**

### **Psychiatric Aspects of Hepatitis C**

*Anne K. Eshelman, PhD, Senior Staff Health Psychologist,  
Henry Ford Hospital*

A significant percent of individuals with hepatitis C have a history of or current psychiatric illness; some will develop neuropsychiatric side effects as a result of hepatitis C treatment, and many will experience psychosocial stressors as a result of being diagnosed with, living with, and/or undergoing treatment for this disease. This workshop will provide information on addressing the psychiatric aspects of hepatitis C including: 1) screening HCV-infected individuals for psychiatric illness and stabilizing those with current illness prior to initiating treatment, 2) monitoring patients for neuropsychiatric treatment side effects and providing proactive side effect management, and 3) assisting persons with hepatitis C in developing effective strategies for dealing with psychosocial stressors.

## **1C: Co-Infection Track**

### **Co-Infection/Multiple Risks: The Case for Integration**

*Chris Taylor, Viral Hepatitis Program Manager, National  
Alliance of State and Territorial AIDS Directors*

There is significant overlap in the transmission routes for HIV, viral hepatitis, and other sexually transmitted infections. Through this workshop, participants will learn about the high rates of co-infection among populations who engage in high-risk behaviors, and gain an understanding of the need to provide services that address multiple diseases. Model programs providing examples of successful integration will be highlighted and specific strategies for integration will be shared. Before the end of the session, participants will develop a work plan for how to include such strategies in their own programs.

## **1D: Substance Abuse/Injection Drug Use Track**

### **Providing Hepatitis C Treatment to Persons with Substance Use Disorder**

*Brian R. Edlin, MD, FIDSA, Associate Professor of  
Medicine and Public Health, Center for the Study of  
Hepatitis C, Weill Medical College of Cornell University*

Sixty percent of all hepatitis C cases have been acquired through injection drug use. Therefore, it is critical that current and former injection drug users have access to hepatitis C medical management and treatment. Yet, despite current guidelines encouraging that decisions about hepatitis C treatment for these individuals be made on a case-by-case basis, many treatment providers unilaterally require complete abstinence before and during treatment. This workshop will explore the rationale providers use for requiring abstinence and the

potential impact these requirements have on our ability to effectively address this disease. It will highlight effective models for providing hepatitis C treatment to various populations with substance use/abuse issues, and describe the research-based outcomes of these treatment models.

## **1E: Special Populations Track**

### **Hepatitis and the Homeless**

*Maureen E. Rule, MA, LPCC, Program Coordinator,  
Tierra del Sol, Albuquerque Health Care for the Homeless*

Many homeless populations have high rates of hepatitis C and other blood-borne diseases. This workshop will identify the major modes of disease transmission within this population and explore factors related to street life that increase the risk of engaging in behaviors that result in transmission. It will also explore barriers to providing medical care to homeless populations, both in a global context, as well as through examination of challenges specific to treatment of hepatitis C. Finally, this session will explore steps that must be taken to overcome these challenges, including: 1) providing adequate and supportive housing, as well as supplemental services, 2) working to increase trust, and 3) recognizing and utilizing the unique characteristics and strengths of homeless persons.

## **1F: Living with Hepatitis C Track**

### **Hepatitis C Management and Treatment: A Patient's Perspective**

*Karen Krzanowski, MPH, MA  
Jesse Ontiveroz, MSW, CAC-I  
George Felix Sirls*

To undergo treatment for hepatitis C or not is a very individual decision, as the treatment experience can vary from person to person. In this workshop, three individuals will identify factors that influenced their decision whether or not to pursue treatment. One will talk about the reality of living with hepatitis C when making a decision to defer treatment, while the others will talk about the challenges of treatment and share strategies for overcoming them. The importance of the patient/health care provider relationship in all aspects of hepatitis C management and treatment will also be addressed, including key characteristics to look for in a health care provider and steps a patient can take to ensure a positive and effective relationship.

**11:45 A.M. Lunch**



# CONFERENCE AGENDA... continued

**12:45 P.M.**

## Concurrent Workshops Group 2

### **2A: Hepatitis C Treatment – Clinical Track**

#### **Hepatitis C: Current Treatment/Future Directions**

**Richard H. Moseley, MD**, Chief, Medical Service, Ann Arbor Veterans Administration Medical Center - Professor and Associate Chair, Department of Internal Medicine, University of Michigan School of Medicine

Participants attending this workshop will be able to describe the current standard of care for treatment of hepatitis C, delineate contraindications that might make a patient ineligible for treatment or put them at higher risk of treatment side effects, and identify other treatment regimen-related factors that may result in patients deciding to decline or defer treatment. They will also be provided with information about recent and ongoing clinical trials related to hepatitis C and the possible implications of the results of these trials on future hepatitis C treatment. The overall goal of this session is to provide participants with information needed to effectively counsel patients about treatment-option decisions based on: 1) the current treatment regimen, 2) future treatment possibilities, and 3) the patient's disease status.

### **2B: Hepatitis C Treatment –**

#### **Working Effectively with Patients Track**

#### **Comprehensive Integration of Hepatitis Services into Programming for Injection Drug Users: A Model Program**

**Danielle D. Brown, MPH**, Hepatitis Project Coordinator, Division of Substance Abuse, Albert Einstein College of Medicine

**Leonard Gill**, Hepatitis Peer Educator, President of the Patient Advisory Committee (PAC), Division of Substance Abuse, Albert Einstein College of Medicine

It is estimated that 60 to 90 percent of injection drug users are infected with the virus that causes hepatitis C. As a result, it is critical that injection drug users are provided with a continuum of hepatitis C-related services. This workshop will highlight a model program that integrates hepatitis services into programming for injection drug users including: 1) screening for hepatitis A, B, and C, 2) hepatitis A and B vaccination, 3) hepatitis C-related outreach and support groups, and 4) hepatitis C treatment. The outcomes of each component of this program will also be shared. To assist others in implementing similar types of initiatives, challenges to providing such services will be delineated and strategies for overcoming them described.

### **2C: Co-Infection Track**

#### **Hepatitis B Overview**

**Anna S. Lok, MD**, Professor of Internal Medicine and Director of Clinical Hepatology, University of Michigan Medical Center

Hepatitis B infections account for a substantial proportion of liver disease worldwide, and many with hepatitis B are also at risk for hepatitis C. This workshop will provide an overview of hepatitis B including: 1) modes of viral transmission, 2) incidence and prevalence of disease, 3) the natural history of infection, 4) the role of laboratory testing in disease diagnosis and monitoring, and 5) current and emerging treatment options. This session will also include the presentation of case studies for discussion by workshop participants.

### **2D: Substance Abuse/Injection Drug Use Track**

#### **Harm Reduction: Lessons Learned with HIV and Beyond**

**Stephen K. Koester, PhD, MA**, Professor, Health and Behavioral Sciences and Anthropology, University of Colorado at Denver

Approximately two-thirds of all new infections with hepatitis C are transmitted through injection drug use. This presentation will identify the potential mechanisms for drug use-related transmission. Discussion will include how HIV harm reduction strategies can be used as a starting point for addressing hepatitis C but also how differences between HIV transmission and HCV transmission will require expansion of the harm reduction repertoire. Concrete examples will be given of how these harm reduction strategies can be integrated into programs targeting injection drug users. Because a significant number of injection drug users become HCV-infected within the first few years of use, there will also be exploration of the unique challenges of implementing these strategies when working with young injectors/new initiators.

### **2E: Special Populations Track**

#### **One Table, Many Perspectives: A Public Health and Corrections How To**

**Ann A. Shindo, PhD, MPH, MSW, MS**, State Hepatitis C Coordinator/HIV Harm Reduction Integration Specialist, Public Health Division, Oregon Department of Human Services

Correctional populations have high rates of blood-borne diseases with studies of hepatitis C in prison populations estimating prevalence rates between 23 and 43 percent. This workshop will showcase a

comprehensive blood-borne pathogen program implemented in a correctional setting, which supports the provision of: 1) education, 2) vaccination, 3) testing, and 4) treatment for blood-borne pathogens. The presenter will define the role of public health in the development and implementation of this program and will delineate strategies for working at multiple levels within the correctional system to ensure program implementation including administration, middle management, and the inmate population. Information will also be shared about an evidence-based peer education program, and the impact of this program will be explored through the sharing of evaluation results.

## **2F: Living with Hepatitis C Track**

### **The Cost of Hepatitis C**

**Peter G. Gulick, DO, FACP**, Associate Professor, College of Osteopathic Medicine - Associate Professor, College of Human Medicine - Director, HIV/AIDS Hepatitis Clinic, Michigan State University

**Steve Chaffee**, Pharmacist, Senior Vice President and Pharmacy Development, Diplomat Specialty Pharmacy

**Patrick Fineis**, Perinatal Hepatitis B Prevention Coordinator, Michigan Department of Community Health

Many persons with hepatitis C are uninsured or underinsured, which results in significant barriers to hepatitis C diagnosis, management, and treatment. During this session, information will be shared about possible sources of assistance for those needing hepatitis C treatment. There will also be discussion of possible options for those seeking hepatitis A and B vaccination and substance use disorder treatment, as both vaccination and abstinence from alcohol are recommended to prevent progression of hepatitis C disease. Participants will also be asked to engage in discussion about gaps in hepatitis-related service coverage and to brainstorm potential strategies for addressing these gaps.

## **2:00 P.M. Break in Exhibit Area**

## **2:15 P.M.**

### **Concurrent Workshops Group 3**

## **3A: Hepatitis C Treatment – Clinical Track**

### **Relapsers and Non-Responders: A Growing Population**

**Robert Fontana, MD**, Associate Professor of Medicine and Medical Director of Liver Transplantation, University of Michigan Medical Center

The primary goal of hepatitis C treatment is a Sustained Viral Response (SVR), defined as undetectable levels of virus 6 months after treatment ends. While approximately 50 percent of patients will achieve an SVR, some will have an initial response and then relapse, while others will not respond to treatment. Primary care providers have a significant role to play in providing

ongoing medical management for relapsers and non-responders. In this workshop, participants will learn how to: 1) educate patients about benefits of treatment other than SVR, 2) identify risk factors that may lead to progression of disease and provide appropriate interventions, 3) monitor ongoing liver health, and 4) refer patients with decompensated cirrhosis for liver transplant. In addition, participants will be provided with information about current research on re-treatment of relapsers and non-responders.

## **3B: Hepatitis C Treatment – Working Effectively with Patients Track**

### **Providing Services to Those at Highest Risk: Overcoming Barriers to Treatment Access and Adherence to Treatment**

**Diana L. Sylvestre, MD**, Executive Director, O.A.S.I.S. (Organization to Achieve Solutions in Substance Abuse) - Assistant Clinical Professor, Department of Medicine, University of California - San Francisco

Rates of hepatitis C infection are high among injection drug users, individuals with psychiatric illness, those with a history of incarceration, and the homeless. Unfortunately, many in the health care community are not prepared to provide services to these populations. During this workshop, myths and misconceptions about these groups will be shared. There will also be discussion related to how stigma and discrimination, often based on this misinformation, can act as a barrier to care access and adherence. The role that individual providers and institutions play in perpetuating stigma and discrimination will be explored and ethical dilemmas highlighted. Finally, strategies will be shared for the development and delivery of health care services that are accessible and acceptable to all populations.

## **3C: Co-Infection Track**

### **HIV/HCV Co-Infection**

**Peter G. Gulick, DO, FACP**, Associate Professor, College of Osteopathic Medicine - Associate Professor, College of Human Medicine - Director, HIV/AIDS Hepatitis Clinic, Michigan State University

Twenty-five to 30 percent of those with HIV are co-infected with HCV. This presentation will focus on HIV/HCV co-infection and will cover such topics as: 1) providing HCV screening and confirmatory testing for those with HIV, 2) increased risk of HCV transmission by those who are co-infected, 3) the impact of co-infection on HCV disease including increased risk of disease progression, end-stage liver disease (ESLD), and death, 4) the current standard of care for treatment of HCV in co-infected populations, and 5) factors that should be taken into consideration when making treatment decisions. In addition, there will be an examination of patient and systems barriers to HIV/HCV treatment. Strategies for overcoming these barriers will also be discussed.

# CONFERENCE AGENDA... continued

## **3D: Substance Abuse/Injection Drug Use Track** **Working with Clients with Hepatitis C:** **The Role of Substance Use Disorder** **and Mental Health Treatment Professionals**

**William Scott Cole, MSW, MSF, Clinical Supervisor,**  
*Turning Point Recovery Centers*

Substance use disorder and mental health treatment professionals regularly work with populations at high risk for hepatitis C and can play a critical role in ensuring that their clients' hepatitis C-related needs are met. This workshop will provide professionals with information needed to: 1) counsel clients about preventing transmission of hepatitis C, 2) educate clients about factors that increase risk of disease progression and strategies for reducing risk, 3) assist patients in understanding hepatitis C-related test results, 4) facilitate client decision-making about whether or not to seek hepatitis C treatment, and 5) support clients in managing treatment side effects. The potential impact of a hepatitis C diagnosis on substance use/abuse and mental health will also be explored and strategies for assisting clients in finding positive ways to cope with this diagnosis will be shared.

## **3E: Special Populations Track** **Integration of Education, Mental Health** **and Substance Use Services, and Hepatitis C** **Treatment: A Veterans Administration Model**

**David Indest, PsyD, Supervisory Clinical Psychologist/**  
*Program Director, Northwest Hepatitis C Resource Center,*  
*Portland Veterans Affairs Medical Center - Assistant*  
*Professor, School of Medicine, Oregon Health and*  
*Science University*

Populations accessing services through the Veterans Administration have high prevalence rates of hepatitis C, as well as high rates of psychiatric and/or substance use disorders. This session will describe a multi-disciplinary model of care implemented at the Portland Veterans Affairs Medical Center that integrates through multiple clinical pathways the following services: 1) hepatitis C patient education and support, 2) screening and treatment for substance use and psychiatric disorders, 3) hepatitis C pretreatment evaluation, and 4) hepatitis C medical management and treatment. Session participants will be provided with information about educational methodologies and materials used, an instrument used to conduct substance use disorder and mental health screening, and the process used to select and prepare patients for hepatitis C treatment.

## **3F: Living with Hepatitis C Track** **The Power of Many Voices:** **Advocacy Around Hepatitis**

**Chris Taylor, Viral Hepatitis Program Manager, National**  
*Alliance of State and Territorial AIDS Directors (NASTAD)*

This workshop is designed for people working at the community and statewide level who are interested in influencing changes in policies that have an impact on prevention and control of hepatitis C. Participants should be in a position, either through their employers or as private citizens, to work directly with local, state or federal legislators. In this workshop, national agencies/organizations working to influence policy that impacts hepatitis efforts will be identified and specific hepatitis advocacy efforts underway will be described. In addition, specific strategies that could be used to become involved in national advocacy efforts will be outlined and there will be discussion about how these strategies can be adapted and utilized to influence state and local policy. During the session, participants will develop a concrete work plan for increasing advocacy efforts.

## **3:30 P.M. Break in Exhibit Area**

## **3:45 P.M.** **Closing Plenary: Can We Dream?** **Assuring a Seat at the Table for Everyone**

**Diana L. Sylvestre, MD, Executive Director, O.A.S.I.S.**  
*(Organization to Achieve Solutions in Substance Abuse)*  
*- Assistant Clinical Professor, Department of Medicine,*  
*University of California - San Francisco*  
**Stephen K. Koester, PhD, MA, Professor, Health and**  
*Behavioral Sciences and Anthropology, University*  
*of Colorado at Denver*

The closing presentation will feature two speakers. The first will focus on future directions for the development and implementation of strategies that will prevent new cases of hepatitis C. The second will describe future directions for the development and implementation of treatment models that are effective in meeting the needs of those at highest risk. Both will address policy change needed to support new prevention and treatment directions. The importance of having individuals from multiple disciplines work together to create this future will be an underlying theme and specific roles of these disciplines will be delineated. Participants will be asked to think about how they can create new partnerships in Michigan to move the hepatitis C agenda forward.

## **4:45 P.M. Closing Remarks**



# Continuing Education Credits

## PHYSICIANS/NURSES

**Physicians:** The Michigan State Medical Society (MSMS) is accredited by the MSMS Committee on CME Accreditation to provide continuing medical education for physicians. MSMS designates these educational activities for a maximum of 6.5 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Nurses:** The ACCME is approved by the Board of Nursing as an acceptable provider of continuing education for license renewal or relicensure.

## SOCIAL WORKERS

This program is approved by the Michigan Social Work Continuing Education Collaborative for 5.0 CE Clock Hours. Course Approval #052707-05.

## HEALTH EDUCATORS

The Michigan Department of Community Health is designated as a provider of Category I continuing

education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) to receive up to 6.5 Category I CECH in health education.

## CERTIFIED ADDICTIONS COUNSELORS/ PREVENTION SPECIALISTS/CRIMINAL JUSTICE PROFESSIONALS

This program has been approved by the Michigan Certification Board for Addictions Professionals (MCBAP) for up to 6.5 hours for Certified Addiction Counselors (CAC), Certified Advanced Addictions Counselors (CAAC), Certified Prevention Specialists /Consultants (CPS/CPC) and Certified Criminal Justice Professionals (CCJP).

## CERTIFICATION OF ATTENDANCE

Certificates of attendance will be provided to participants upon request.

*All certificates will be mailed out within 60 days of the conference.*

## CONFERENCE REGISTRATION PROCEDURES

### REGISTRATION FEES

Registration fees will cover attendance at the conference, all conference materials, continental breakfast, lunch and breaks.

#### Early Registration:

Registration forms received on or before Friday, November 9, 2007: \$60.00

#### Late Registration:

Registration forms received after Friday, November 9, 2007: \$80.00

#### MAIL or FAX the registration form to:

American Liver Foundation – Michigan Chapter  
ATTN: Conference Registration  
21886 Farmington Road  
Farmington, MI 48336

**FAX:** 248-615-5778

### PAYMENT

Payment may be in the form of:

- A check made payable to the American Liver Foundation
- By MasterCard, Visa, or American Express
- A purchase order
- A money order

*Payment MUST be received prior to the conference.*

### CONFIRMATION

Confirmation letters will be sent within two weeks of receipt of registration. If you do not receive a letter contact Jennifer Dale at **248-615-5768** or **michigan@liverfoundation.org** to confirm registration.

### CANCELLATION

Refunds, minus a \$20.00 processing fee, will be given for cancellations on or before Friday, November 9, 2007. No refunds will be given for cancellations after this date.

Cancellations must be made in writing and be received prior to Friday, November 9, 2007. Cancellation notice can be sent via Fax to **248-615-5778** or via e-mail to **michigan@liverfoundation.org**.

### SCHOLARSHIPS

A limited number of scholarships covering the conference registration fee are available for individuals/agencies with limited financial resources for continuing education (i.e., community-based organizations, hepatitis C advocates). For a scholarship application form, contact Lori Stegmier at **517-335-9435** or **StegmierL@michigan.gov**.

For more information about the conference, contact Lori Stegmier at 517-335-9435 or StegmierL@michigan.gov or Jennifer Dale at 248-615-5768 or michigan@liverfoundation.org

## HEPATITIS C 101

For conference attendees with limited background in hepatitis C a “Hepatitis C 101” training will be offered prior to the conference. **This training is free for conference registrants.**

This training will provide an overview of the following: 1) hepatitis C epidemiology, 2) the natural history of hepatitis C, 3) major modes of transmission for the hepatitis C virus, 4) hepatitis C prevention, and 5) testing and treatment for hepatitis C. An understanding of these topic areas prior to the conference, will allow conference participants to more fully integrate the information presented during conference sessions.

The “Hepatitis C 101” training will be offered via teleconference. Interested individuals can participate in the training on one of the following dates:

**Tuesday, November 13th from 10:00 A.M to 11:00 A.M.**

**Thursday, November 15th from 2:00 P.M. to 3:00 P.M.**

If you are interested in participating, please contact Jennifer Dale at [michigan@liverfoundation.org](mailto:michigan@liverfoundation.org) or 248-615-5768.

This is an additional offering to conference participants; it is not a requirement for attendance. There will be no continuing education credits given for this training.

## LOCATION

The conference will be held at the Inn at St. John's located at 44045 Five Mile Road in Plymouth, Michigan.

## OVERNIGHT ACCOMMODATIONS

A block of rooms has been reserved at the Inn at St. John's in Plymouth, Michigan for the night of Monday, December 3, 2007. The conference room rate is \$109.00 plus tax for single or double occupancy. To receive the conference registration rate, reservations must be made by Monday, November 19, 2007.

To register by phone, call the Inn at St. John's at 734-414-0600. When you are connected to reservations, ask for the American Liver Foundation group rate.

To register on-line:

- Go to the Inn at St. John's website at [www.stjohnsgolfconference.com](http://www.stjohnsgolfconference.com).
- On the top of the screen, select “accommodations.”
- In the drop down box, under “accommodations,” select “reservations.”
- On the bottom of the page that appears, select “group reservations.”
- In the “attendee code” box, type in “ALFATT.”

## DRIVING DIRECTIONS

A map showing the location of the Inn at St. John's and driving directions can be found at <http://www.stjohnsgolfconference.com/location.html>

*The American Liver Foundation – Michigan Chapter and the Michigan Department of Community Health . . . would like to thank the following individuals for their contributions to the development of the conference agenda.*

**Mary Adams, Michigan**  
Hepatitis C Foundation

**Lyn Benjamin, Hepatitis C and Me**

**Rebecca Blake, Michigan State Medical**  
Society

**Patricia Clark, MPH, Michigan**  
Department of Community Health

**Hari Conjeevaram, MD, MS,**  
University of Michigan

**Jennifer Dale, American Liver**  
Foundation – Michigan Chapter

**Bill Epling, Community Programs, Inc.**

**Pat Fineis, Michigan Department of**  
Community Health

**Lemont Gore, HIV/AIDS Resource Center**

**Peter Gulick, DO, FACP, Michigan**  
State University

**Elaine Hunsicker, MA, The Haven**

**Kim Kirkey, PhD, MPH, Michigan**  
Department of Community Health

**Mary Lutzke, MPH, Kent County Health**  
Department

**Ricardo Marble, Community Health**  
Awareness Group

**Anthony Muyombwe, PhD, Michigan**  
Department of Community Health

**Jesse Ontiveroz, MSW, CAC-I, Community**  
Health Awareness Group

**Darlene Owens, Southeast Michigan**  
Coordinating Agency

**Cokey Powell, PhD, Lutheran Child and**  
Family Services

**George Pramstaller, DO, Michigan**  
Department of Corrections

**Lori Stegmier, MA, CHES, Michigan**  
Department of Community Health

**Brenda Stoneburner, MA, LPC, Michigan**  
Department of Community Health

**Lisa Taton-Murphy, Michigan**  
Department of Community Health

**Pat Vranesich, RN, BSN, Michigan**  
Department of Community Health

**Theresa Webster, MA, CPR-R, Southeast**  
Michigan Coordinating Agency

TUESDAY, DECEMBER 4, 2007

**REGISTRATION FORM****MAIL OR FAX THE REGISTRATION FORM TO:**

American Liver Foundation – Michigan Chapter • ATTN: Conference Registration • 21886 Farmington Road  
Farmington, MI 48336 • FAX: 248-615-5778

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>DEGREES</b>
<hr/>		
<b>TITLE</b>		
<hr/>		
<b>ORGANIZATION</b>		
<hr/>		
<b>ADDRESS</b>		
<hr/>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<hr/>		
<b>TELEPHONE</b>	<b>FAX</b>	<b>E-MAIL</b>
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Please check the appropriate boxes in each section below.

**REGISTRATION FEES**

- ☐ Early Registration: \$60.00 (Registration form received on or before Friday, November 9, 2007.)  
☐ Late Registration: \$80.00 (Registration form received after Friday, November 9, 2007.)

**PAYMENT INFORMATION**

- ☐ Check # \_\_\_\_\_. Check is made payable to the American Liver Foundation.  
☐ Check will be mailed prior to the conference.  
☐ Purchase order  
☐ Money order  
☐ Complimentary registration/commercial supporter  
☐ I am applying for a scholarship.  
☐ Credit Card: \_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ American Express

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

**WORKSHOP REGISTRATION INFORMATION**

Indicate the session number of the workshops you plan to attend. **Select ONE workshop in each time period.**

10:30 A.M. session: # \_\_\_\_\_ 12:45 P.M. session: # \_\_\_\_\_ 2:15 P.M. session: # \_\_\_\_\_

**SPECIAL REQUIREMENTS**

- ☐ I require a vegetarian lunch.  
☐ I have special needs. (Please describe below or contact Lori Stegmier at 517-335-9435 or StegmierL@michigan.gov.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Grievances related to failure to meet ADA requirements can also be made by contacting Lori Stegmier.

**INCLUSION OF NAME IN PROGRAM BOOK**

- ☐ YES, you may include my name and contact information as it appears on this form in the conference program book.  
☐ No, I do not wish to have my name and contact information included in the program book.

**HEPATITIS**  
**C** From Silence to  
**Solutions**  
**CONFERENCE**

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**TUESDAY,  
DECEMBER 4, 2007**

**HEPATITIS**  
**C** From Silence to  
**Solutions**

**CONFERENCE**

**The Inn at St. John's, Plymouth, Michigan**

**PRESENTED BY: American Liver Foundation – Michigan Chapter  
Michigan Department of Community Health**

**Early registration deadline is Friday, November 9, 2007**